

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90101 007 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 756853**

1. Corporation Name  
**MARGATE-ITALIAN-AMERICAN CIVIC ASSOCIATION INC.**

Principal Place of Business 9 M. PLACIDO- 6009 NW 10TH ST MARGATE FL 33063 US	Mailing Address % M. PLACIDO 1195 NW 74 AVE MARGATE FL 33063 US
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*DELETE*



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/19/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2347405
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  PLACIDO, MARY 1195 NW 74 AVE MARGATE FL 33063		10. Name and Address of New Registered Agent 81 Name <i>RUTH SACCULO</i> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <i>6840 NW 9 ST</i> 84 City <i>MARGATE</i> FL 85 Zip Code <i>33063</i>	
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*DELETE*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Ruth Sacculo* DATE *7/1/99*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILAZZO, GERALDINE 3881 CARAMBOLA CIR COCONUT CREEK FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<i>PRES. EDWARD CABAL</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5661 SW 2 CT MARGATE FLA 33063</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDWARDS, CABAL 5661 SW 2 CT MARGATE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<i>V.P. CHARLES INVALARA</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4710 NW 4 CT MARGATE FLA 33063</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MILAZZO, GERALDINE 3881 CARAMBOLA CIRCLE COCONUT CREEK FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLACIDO, MARY 1195 NW 74 AVE MARGATE FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<i>T. RUTH SACCULO</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6840 NW 9 ST MARGATE FLA 33063</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISITI, ANTHONY 5510 LAKESIDE DR MARGATE FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<i>D. NAT SACCULO</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6840 NW 9 ST MARGATE FLA 33063</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ruth Sacculo* SIGNATURE REQUIRED DATE *7/1/99* (254) 978-1425  
Signature and typed or printed name of signing officer or director Daytime Phone #

0002927  
CR2E037 (5/99)